

Foster Family Home - Deficiency Report

Provider ID: 1-512823

Home Name: Gudelia Cruz, CNA

Review ID: 1-512823-10

91-1054 Haawina Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 7/13/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Records [11-800-54]

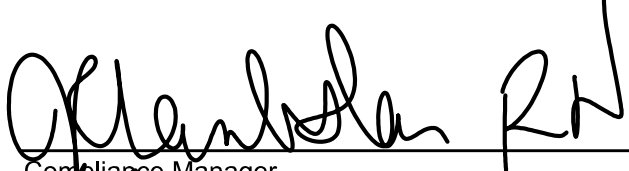

54.(c)(7) Expenditure records; and

Comment:

54.(c)(7) Client # 1 No Personal allowance log documentation

54.(c)(2) Service plan for client #1 service plan [REDACTED] which is not present in the client service plan for [REDACTED] when MD order was for [REDACTED]

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.


Compliance Manager

Primary Care Giver

7/14/21
Date
7/14/21
Date